

APPRENTICESHIP APPLICATION FORM

PLEASE SELECT THE PROVINCE WHERE YOU RESIDE

GAUTENG										
WESTERN CAPE		NORTH	ERN CAPE	$\overline{\Box}$	Ī	EASTERI	N CAPE	$\overline{\Box}$		
KWAZULU NATAL	. 🗖	FF	FREE STATE			MPUMA	LANGA	$\overline{\Box}$		
	_							_		
		PERS	SONAL INFO	RMATION						
TITLE (Mr. Mrs. Ms.)		INITIALS		SURNAME						
FIRST NAMES IN FULL (as per ID)										
RSA (Identity Document number)					DATE (BIRTH (YYYY/N					
RACE	AFRICAN COLOUREI		INDIAN	WHITE	GENDI	ER	FEMALE	MAL	E	
DO YOU HAVE A DISABILITY	□YES	□NO	IF YES SPECIFY DISABILITY AND ATTACH CERTIFICATE			,				
POSTAL ADDRESS		•		PHYSICAL A	ADDRESS					
	CODE:					CODE:				
MUNICIPALITY										
HOME TEL. NO.				CELL PHON	E NO.					
E-MAIL ADDRESS										
ALTERNATIVE CONTACT PERSON				CELL PHON						
		T		E-MAIL ADI	DRESS					
NAME OF PROSPECTIVE EMPLOY	'ER									
ARE YOU CURRENTLY EMPLOYE	D?					YES		NO		
		TF	RADE APPLYING FO	OR (PS TICK)						
TRADE		TRADE				TRADE				
BRICKLAYER		JOINER				ELECTRICIAN	N (CONSTRU	CTION)		
BRICKLAYER AND PLASTERER		JOINER AN	D WOODMACHINI	ST	ELECTRICAL WIREMAN					
CARPENTER		PLASTERER	1		PLUMBER					
CARPENTER AND JOINER		TILER		PAINTER AND DECORATOR						

EDUCATIONAL QUALIFICATIONS

FET COLLEGE ATTENDED														
PERIOD ATTENDED	FROM						то							
		•							•					
MODULES PASSED														
		QUALIFICATIO	ON/S COM	PLETED	(PLEAS	TICK)							
NATED PROGRAMMES			N	11	P	12	N3		ı	N4		N5	N6	
								NC	:V2		N	CV3	NCV4	
NATIONAL CERTIFICATE (VOCATIONAL)														
NAME OF LAST SQUARE ATTEMPTS														
NAME OF LAST SCHOOL ATTENDED														
TOWN CURING AULAGE						D.411	INUCIDALIT	٠,						
TOWN/SUBURG/VILLAGE						IVIU	INICIPALIT	Y						
BERIOD	FDOM.					то								
PERIOD	FROM					10								
HIGHEST GRADE PASSED														
THE TEST CHAPET ASSED														
SUBJECTS PASSED														

RULES FOR COMPLETING THE FORM

- Application forms that are incomplete will be disqualified
- Invalid or incorrect contact details automatically disqualifies the applicant
- Applicants must be South African Citizens

The following certified documents MUST be attached to this application or the applicant will be disqualified							
ID size or passport photo printed on photo paper (to be appended to right hand corner of application form)							
Original certified copy of Green RSA Identity Document							
Original certified copy of highest qualification (Matric certificate or FET College statement of results)							
Apprentice CV							
Proof of banking details (Original bank statement or stamped letter from the bank only)							
Proof of residential address (original municipal account, bank statement, account statement or original letter from Tribal Authority or Councillor)							
Affidavit in support of proof of address (if address is not in the name of the apprentice)							
Attach an original medical certificate on a CETA template completed, signed and stamped by a medical practitioner registered with the HPCSA or a certified medical certificate (certification must not be older than 3-months).							
Duly completed and signed notification to host a prospective apprentice on an apprenticeship duly signed and initialled by the prospective apprentice and prospective employer							

DECLARATION

		les of this application and that I understand them. I declare that the information supplied in . I understand that any false information will automatically disqualify me from being part of the CETA funded learning programme.
Print name and Surname	:	
Signature	:	
Date	:	

FOR OFFICE USE

CHECKED BY CETA LPQD													
DOES THE LEARNER QUALIFY TO ENROL ON THE APPRENTICESHIP?							YES	;	NO				
COMMENTS													
IF NO, REASONS		Learner does not meet qualification entry requirements			Learner qualifies Learner for a S28 trade test qualifie					Not a South African citizen			n
APPLICANT NOTIFIEDOF DECISION									YE	S		NO	
NAME			SIGNATUI	RE				DA	TE				